



USAID
FROM THE AMERICAN PEOPLE

INDONESIA

IMPROVING THE QUALITY OF BASIC HUMAN SERVICES



Photo: USAID/BHS

THE CHALLENGE

More than 140 million people live on less than two dollars a day and lack adequate health services, food and sanitation.

Nearly one-third of the population (over 75 million people) lacks access to clean water.

Preventable, poverty-related diseases, such as diarrhea, cause hundreds of thousands of deaths each year.

THE GOAL

Governments, communities, organizations and the private sector mobilize to advocate for higher quality basic human services.

Basic human services are delivered effectively at the local level.

Improved practices and behaviors are adopted at the community and household levels.

OVERVIEW

The U.S. government is providing \$311 million over five years (2004-2008) to improve the access and quality of key human services throughout Indonesia. Administered through the U.S. Agency for International Development (USAID), the program will improve the health of local communities by using an integrated approach that combines support for health, food, nutrition, and water services.

PROGRAMS

The delivery of basic human services at the local level is critical to the health of Indonesian communities. Under Indonesia's decentralization law, local governments are responsible for the delivery of basic services, such as health care, water and sanitation to their communities. Strategic, integrated program activities are designed to strengthen public and private partner capacity to provide vulnerable populations with services that will improve the quality of life.

ENVIRONMENTAL SERVICES

The program supports better health through improved water resources management, and expanded access to clean water and sanitation services. Working with local governments and the private sector, the program seeks to assist Indonesians to conserve water resources, to expand access to clean water and to improve waste management. The program will promote biodiversity conservation, forest management, land-use planning and reforestation activities, which provide a sustainable source of clean water. The program will also work with municipal water utilities (PDAM) to build their capacity to improve and expand water and sanitation services in their communities. Activities will introduce sustainable approaches to improve safe drinking water at the point-of-use.

HEALTH SERVICES

Vulnerable populations, namely the urban poor, women and children will be the principle beneficiaries of this integrated public health program. Working with the Government, non-governmental organizations, and other partners, USAID focuses on the following program areas: maternal and neonatal health; reproductive health; child health and nutrition; prevention of HIV/AIDS, tuberculosis, and malaria; decentralization of the health sector; and, improved hygiene to prevent diarrhea. Improving health-seeking behaviors within communities will link to key hygiene promotion interventions, such as hand-washing with soap, in order to reduce diarrheal disease, a major cause of childhood death.

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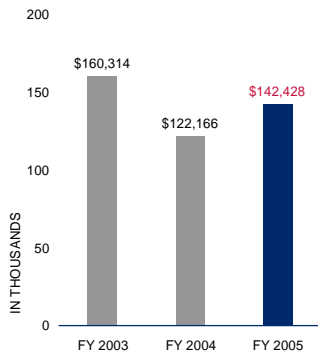


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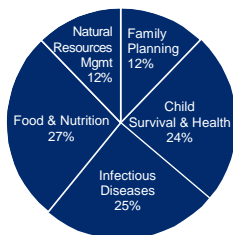
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USAID ASSISTANCE TO INDONESIA



Funding: Child Survival and Health Funds, Development Assistance, Economic Support Funds, PL 480 Title II (includes emergency and non-emergency food aid)

FY 2005 Budget for Basic Human Services
Percentage for Each Program Area



Total FY 2005 for
Basic Human Services: \$61,448,000

FOOD AND NUTRITION

To improve the nutritional status of Indonesians, USAID food assistance will target poor communities. These activities directly impact women and children through targeted supplemental feeding and nutritional education activities. The food assistance program also works closely with local communities in the construction of public facilities, latrines, washing facilities, protected water stations, and in organizing solid waste disposal efforts to better protect community health. Over 2 million people will be recipients of USAID food assistance under this program.

PROGRAM HIGHLIGHTS

Successful HIV prevention activities implemented among all major high-risk groups have resulted in significant achievements in increased HIV knowledge, condom use, and health seeking behavior, as well as reduced sexually transmitted infections (STI). The assistance reached over 51,000 female sex workers, 516,000 prospective clients, over 19,000 men who have sex with men, and 8,000 injecting drug users. State-of-the-art national behavioral surveillance capacity has been transferred to the Central Bureau of Statistics and Ministry of Health. The program trained and equipped 23 voluntary counseling and testing sites and 29 STI clinics in nine provinces, to provide quality diagnostics and treatment. In Central Java, case detection rates (CDR) for TB have increased from 13% in 2001 to 29% in 2003 and, about 40% in 2004. In East Java, the CDR has increased from 10% in 2001 to about 38% in 2004.

Improved the services provided by three hundred private sector midwives from six provinces through the initiation of the Certified Quality Midwives (Bidan Delima) program, which set a higher standard for quality reproductive health services in line with national standards.

Strengthen local capacity to place an additional 2.2 million hectares of forest and coastline under better management and protection.

Build local capacity to provide 18 million preschool children with Vitamin A capsules to strengthen their immune systems and prevent blindness.

Provided more than 10 million person-days of employment and training to unemployed or underemployed persons.

Provided \$5 million in emergency disaster assistance in 2004, benefiting over 200,000 people.

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